

VICTORIA UNIVERSITY ANIMAL ETHICS COMMITTEE

|  |
| --- |
| APPLICATION FOR APPROVAL TO USE ANIMALS IN A RESEARCH PROJECT |

**AEC NO:**

|  |
| --- |
| **CONDITIONS OF APPROVAL** |
| All matters pertaining to the conduct of the approved project are to be reported to the Animal Ethics Committee (AEC), which maintains oversight in accordance with licence conditions for the Licence SPPL 20309 from the Department of Economic Development, Jobs, Transport and Resources (the Department).Any variation proposed to the project, and the reasons for that change, must be submitted to the AEC for approval and must not be implemented until approval is granted. These changes include requests for (a) Minor amendments(b) Extension of time(c) Change of chief investigators (d) Addition or deletion of co-investigators (including Honours and Postgraduate students).**If a modification is required the AEC Executive Officer must be contacted to obtain the Word version of the currently approved application**. All activities involving the use of animals must occur as specified within the approved application or cited AEC approved Standard Operating Procedures (SOPs). Records pertaining to training, numbers of animals used, monitoring and the nature, timing and detail of all experimental activities must be maintained. These records may be inspected at any time by the AEC or the Animal Welfare Officer, and the department records of animal monitoring must be kept in a location accessible to all personnel involved in animal care. Various guidelines have been written to assist investigators to meet their legal obligations in respect to record keeping. These guidelines are available for reference on the VU Animal Ethics website/VU Collaborate.Annual and final reports MUST be submitted to the AEC by the due date.The project should only be conducted in approved premises nominated on the Licence SPPL 20309. Use of other premises requires notification to the AEC via a Fieldwork Notification (only when other premises are not covered by licence).Any unexpected incidents or complications that result in deaths, euthanasia or pain and suffering for the animals used in the project must be reported to the AEC via an Adverse Incident Report. Details of the steps taken to deal with adverse incidents must be included in the notification.A record of details of any animals used in the project must be retained and is subject to inspection by the AEC and the Department for auditing and monitoring purposes.Should the numbers of animals treated exceed that estimated for the first year of the ethics application, the primary investigator should submit a request for a minor amendment to update the numbers accordingly.Please ensure you have answered all relevant questions and have used LAY language to explain your project. |

|  |
| --- |
| **CO-INVESTIGATORS DECLARATION** |
|  | I hereby declare that:1. I am familiar with Part III of the *Prevention of Cruelty to Animals Act 1986* (the Act), associated *Regulations* and the current version of the *Australian Code for the Care and Use of Animals for Scientific Purposes* (*The Code*) and accept the responsibilities detailed therein to the extent of my involvement in this project.
2. I accept responsibility for the conduct of all experimental procedures detailed in this application that I undertake, in accordance with the requirements of *The Act*, *The Regulations*, *The Code* and the Animal Ethics Committee.
3. I understand VU AEC training is compulsory for all investigators prior to commencing working with animals. I have indicated below the date I attended a face to face training session or completed the online assessment. (If you have not undertaken training please contact aeec@vu.edu.au to arrange for access to the online training and assessment).
4. If I am listed as providing training I have the necessary competency and am aware of the requirements for training Guideline G004(2014) and record keeping Guideline G007(2014).
 |
| **Co-Investigator’s Name** | **Co-Investigator’s Signature**You must read and agree to all aspects of this application. Original signatures must be provided. | **AEC Training Dates** | **Date** |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |

|  |  |
| --- | --- |
| **Date Of First Approval**  |  |
| **Amendments (Brief Description)** | **Approval Date**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| IMPORTANT INFORMATION FOR ALL APPLICANTS: |
| Applicants are advised to follow the instructions highlighted in this application form.* All applications must be signed and approved by all relevant parties. Applications will not be processed without appropriate approval
* Please ensure a full application (signed original hard copy, an electronic copy and all attachments and appendices) are received by the Animal Experimental Ethics Committee by the submission deadline for the AEC (double sided copying is preferred)
* All persons named on the application must complete VU AEC training.

For further information, refer to the Animal Research Ethics website: [*http://research.vu.edu.au/AEC.php*](http://research.vu.edu.au/aeec.php) or contact aeec@vu.edu.au. YOU ARE REMINDED THAT YOUR PROJECT MAY NOT COMMENCE WITHOUT FORMAL WRITTEN APPROVAL FROM THE ANIMAL ETHICS COMMITTEE. |
| **Forwarding Details** |
| All hard copy applications to be delivered to:**The Victoria University** **Animal Ethics Committee**Research ServicesVictoria UniversityPO Box 14428 Melbourne VIC 8001.**Or** deliver in person to:Research Strategy, Policy and InfrastructureResearch ServicesBuilding C, Room C302 Footscray Park Campus. | Electronic applications are to be forwarded to: **The Victoria University** **Animal Ethics Committee:**E-mail: aeec@vu.edu.au |

|  |
| --- |
| SECTION 1 - ADMINISTRATION |

|  |
| --- |
| * 1. **Project Title**

The title of the project should be **CONCISE** and expressed in **plain English**. Do not use abbreviations or scientific jargon. |
|       |

|  |
| --- |
| **1.2 Chief Investigator**The chief investigator has overall responsibility for the project (*The Code* Section 2.4.5) |
| Name (title, given name, family name) |       |
| Name of employing Institution |       |

|  |
| --- |
| **1.3 AEC Approved SOPs And Guidelines**List each AEC approved SOP or Guideline cited in this application  |
|  |       |
|  |       |

|  |
| --- |
| **1.4 Duration Of Project**Application may request approval for up to three (3) years.Scientific activities involving the use of animals must not commence before receipt of written approval.**Please note your ACTUAL start date will be the date of your LETTER OF APPROVAL from the AEC.** |
| Proposed duration | 1 Year | 2 Years | 3 Years |

|  |
| --- |
| **1.5 Animals Requested (if utilizing more than one species please separate information within the application form.)** |
| **Species**(and common name) | **Strain Name** | **Sex** | **Age Range** | **Total Number** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **1.6** **Does the project involve the use or production of genetically modified animals?**  |
| **[ ]** Yes **[ ]** No |
| If yes, please complete Appendix 1 and provide an approval number from the Institutional Biosafety Committee.      |

|  |
| --- |
| **1.7 Risk Management** **It is the researchers’ responsibility to complete the appropriate OH&S risk assessment forms** |
| Does this project involve procedures or agents that might pose a health risk to other animals and/or personnel?If yes, a risk assessment must be completed and approved prior to commencing work. Please explain the risk and describe what precautions will be taken. **Does the project use cell lines or biological products?****If yes, provide evidence of screening for pathogens**       |  **[ ]** Yes **[ ]** No**[ ]** Yes **[ ]** No |

|  |
| --- |
| **1.8 Permits** **Project work cannot commence until a valid permit is obtained and provided to the AEC**. |
| Will you require any of the following permits to acquire, hold or use these animals? |
| Field Work Notification (required for animals not located in VU licenced facilities e.g. wildlife or those held at another institution). | **[ ]** Yes **[ ]** No  |  |
| Wildlife License. | **[ ]** Yes **[ ]** No  | Permit No.       (if current permit held) |
| Office of the Gene Technology Regulator (OGTR). | **[ ]** Yes **[ ]** No  | Permit No.        |
| Other (e.g. Pest Permit, Fisheries, AQIS) if yes please list. | **[ ]** Yes **[ ]** No  | Permit No.        |
| Will work be undertaken/animals housed in states other than Victoria?**[ ]** Yes **[ ]** No  | If yes, detail any permit requirements.      |
| Will work be undertaken/animals housed overseas?**[ ]** Yes **[ ]** No  | If yes, detail any permit requirements.      |

|  |
| --- |
| **1.9 Funding And Contracts** |
| 1. Indicate the principal source of funding for this project.
 |
| Source of funding | Peer reviewed | Not peer reviewed |
| Internal | **[ ]**  | **[ ]**  |
| External agency | **[ ]**  | **[ ]**  |
| Commercial/Private | **[ ]**  | **[ ]**  |
| 1. Name all funding sources and, if applicable, the scheme(s).

      |
| 1. If funded please add Quest Identification Number.
 |
| 1. Is this project commercial-in-confidence?
 |  **[ ]** Yes **[ ]** No |

|  |
| --- |
| SECTION 2 – JUSTIFICATION FOR THE USE OF ANIMALS |

|  |
| --- |
| The AEC must be satisfied that the use of animals is justified, based on whether the scientific value of the work outweighs the potential impact on the welfare of the animals being used.Unsatisfactory completion of this section will result in a request for revision of the application.Answers provided in the following subsections should provide AEC members, particularly external lay and welfare members, with a clear idea of why the experiments are necessary and what will happen to the animals.  |
| The purpose of the *Australian Code for the Care and Use of Animals for Scientific Purposes (The Code)* is to ensure the ethical use and the humane care of animals used for scientific purposes.*The Code* emphasises the responsibilities of investigators, teachers and institutions using animals to:* Ensure that the use of animals is justified, taking into consideration the scientific or educational benefits and the potential effects on the welfare of the animals
* Ensure that the welfare of animals is always considered
* Promote the development and use techniques which replace animal use in scientific activities wherever possible
* Minimise the number of animals used in projects
* Avoid pain or distress for each animal used in scientific activities.

To this end, there is a need in scientific activities to consider the:* *Replacement* of animals with other methods
* *Reduction* in the number of animals used
* *Refinement* of techniques used to reduce the impact on animals.
 |

|  |
| --- |
| **Where scientific language is deemed unavoidable it must be supported by suitable plain English in the text or in a glossary of terms.****All information provided in this application must be in language that can be understood by an interested, intelligent person without a scientific background. Do not use scientific jargon and abbreviations.** |

|  |
| --- |
| **Glossary Of Terms** |
| Scientific Term | Lay Description |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **2.1 Project Summary** |
| 1. Briefly state the **AIMS** of this project; summarise why the use of animals is required to meet the aims.

      |
| 1. Using **plain English**, briefly outline how the project is designed to achieve its aims.

This section must be written in lay language and provide the AEC members with an understanding of the reasons behind the request for approval to use animals.If your study is divided into parts then provide detail of each part; do not include specific procedural detail in this section.      |
| 1. Does this project relate to any previously approved or submitted projects? If so, please give full details. If work is being duplicated you must inform the AEC why this duplication is necessary.

      |

|  |
| --- |
| **2.2 Potential Benefits Of The Project** |
| Explain the significance and the potential benefit of the proposed project (e.g. improving human or animal health).       |

|  |
| --- |
| **2.3 Procedures Used On Animals In This Project**List each procedure (including humane killing), the maximum number of times the procedure will be undertaken on an individual animal and what you will do to minimise the impact to the animal (refinement). Do not include detail of the actual procedure. This is required in Section 3; ensure each procedure is listed in Section 4. |
| Procedure | Number of times procedure undertaken on any individual animal  | How will you minimise impact to the animal? |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **2.4 Impact On Animal Wellbeing And Welfare**  |
| Consider each of the procedures listed in Section 2.3 and indicate the potential impact to animal wellbeing as a result of the cumulative effect of all procedures throughout the duration of the project. Ensure consideration is given to phenotype and experimental model/interventions and age of the animals used. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Normal  | Slight change/impact | Moderate change/impact | Severe change/impact |
|  |  | acute | chronic | acute | chronic | acute | chronic |
| Absence of hunger |  |  |  |  |  |  |  |
| Provision of nutrition |  |  |  |  |  |  |  |
| Absence of thirst |  |  |  |  |  |  |  |
| Comfortable resting |  |  |  |  |  |  |  |
| Thermal comfort |  |  |  |  |  |  |  |
| Ease of movement  |  |  |  |  |  |  |  |
| Absence of injuries/wounds |  |  |  |  |  |  |  |
| Absence of disease/illness |  |  |  |  |  |  |  |
| Absence of pain |  |  |  |  |  |  |  |
| Circulating blood volume |  |  |  |  |  |  |  |
| Expression of social behaviours |  |  |  |  |  |  |  |
| Ability to manipulate environment |  |  |  |  |  |  |  |
| Absence of restraint |  |  |  |  |  |  |  |
| Cognitive function |  |  |  |  |  |  |  |

|  |
| --- |
| **2.5 Specific Procedures With High Risk Of Severe Impact To Animal Wellbeing**  |
| 1. Please indicate if the project involves any of the following:

Death as an end point.(i.e. the investigator will not intervene to kill the animal humanely before death occurs in the course of a scientific activity. Such projects require approval from The Department).Production of monoclonal antibodies by ascites method.Extended periods of restraint.  | **[ ]** Yes **[ ]** No**[ ]** Yes **[ ]** No**[ ]** Yes **[ ]** No |

|  |
| --- |
| **2.6 Repeated Use Of Animals** |
| 1. Have any of the individual animals been the subject of previous research activity?

If yes, provide AEC number/s of the other project/s, describe what was done to the animals previously and justify their use in this project.      | **[ ]** Yes **[ ]** No |
| 1. Are animals being used in multiple projects?

If yes, describe how records are kept so that the cumulative impact of the procedures performed on the animals in all projects can be monitored and managed.      | **[ ]** Yes **[ ]** No |

|  |
| --- |
| **2.7 Replacement***The* *Code* specifies that techniques that totally or partially replace the use of animals for scientific purposes must be sought and used wherever possible. (Refer to *The* *Code* Section 2.4.6). In order to complete this section a relevant and up to date search of alternative websites and databases is required. Suitable websites and databases include:<https://awic.nal.usda.gov/alternatives><https://www.nc3rs.org.uk/the-3rs>http://guides.lib.ucdavis.edu/animalalternatives/ |
| 1. Provide details of the search conducted to find alternatives to the use of animals for this project. Include a list of the websites and databases visited, the date visited and the years and key words that the search encompassed.

      |
| 1. Have alternatives that totally or partially replace the use of animals been incorporated into this project?

      |
| **[ ]** Yes | If yes, please describe what alternatives are to be used in this project. |
| **[ ]** No | If not, provide a list of potential alternatives and explain why they are unsuitable for use in this project. |
| 1. Justify your choice of animal, species, strain, sex and age.

      |
| 1. Phenotype of animal – is there an expected alteration from normal due to the phenotype of the strain?
 |
| **[ ]** Yes | If yes, please provide detail of strain specific monitoring in section 3. |
| **[ ]** No |  |

|  |
| --- |
| **2.8 Reduction - Justification For Number Of Animals Requested***The* *Code* specifies that animal users must be clear about the minimum number of animals required in each experimental and/or treatment group to reach statistical significance - refer to *The* *Code* Section 2.4.8. |
| 1. Justify the number of animals requested in terms of the experimental design and statistical analyses.

Justification of animal numbers in terms of statistical considerations must include details about expected variability and significance levels, such as a power analysis or sample size calculations. Clearly justify the number of animals in each group or subgroup and any animals used for training personnel or students. Use a table to summarise the numbers of animals requested in terms of control and experimental group sizes, and procedures/treatments. Ensure you allow sufficient group size in the event that animals are removed due to early humane endpoint.      |
| 1. To reduce animal use, would the animals or their tissues, at the conclusion of your experiments, be suitable for use in another project? If not, please give details.

      |
| 1. What will you do to reduce the possibility for experimental bias (for example blinding)?
 |
| 1. How will you design your experiment to ensure randomisation of groups?
 |

|  |
| --- |
| **2.9 Endorsement Of Statistician/Biometrician**  |
| Wherever possible, applications should be endorsed by a statistician or biometrician, or reference given to an appropriate statistical text.Has a statistician or biometrician been consulted about the design of this project? **[ ]** Yes **[ ]** NoIf no, please explain why this was not considered necessary.      |
| Statistician /Biometrician Name: |  |
| Statistician /Biometrician Signature: |  |
| Date: |  |

|  |
| --- |
| SECTION 3 – PROJECT DETAILS |

|  |
| --- |
| **3.1 Source Of Animals**If animals are to be sourced from municipal pounds, you must comply with *The Code of Practice* for the use of animals from municipal pounds in scientific procedures. |
| 1. From where will the animals be obtained (own derivation/approved commercial supplier/other institution/wild caught)?

      |
| 1. Will animals need to be transported from the source location to the location where they will be held for this project?
 |
| **[ ]** Yes | See AEC SOP 002(2015) *Transportation Of Rats And Mice* and AEC SOP 022(2015) *Transportation Of Rabbits And Guinea Pigs*; any deviation from the approved SOP must be detailed here. |
| **[ ]** No |  |

|  |
| --- |
| * 1. **Location Of Animals And Housing**

Refer to *The* *Code Of Practice For The Housing And Care Of Laboratory Mice, Rats, Guinea Pigs And Rabbits* if using these species, in particular Appendix 1. |
| 1. Where will animals be housed?

Will the animals be housed outdoors? If, contrary to the needs of the species, no shelter is provided, justify the lack of shelter. |
| **[ ]** Yes | If yesplease give details of shelter provided. |
| **[ ]** No |  |
| 1. Will any animals need to be housed individually? It is not necessary to include immediate post-operative period if applicable.
 |
| **[ ]** Yes | If yes, explain why, for how long and how the impact of social isolation will be minimised? |
| **[ ]** No |  |

|  |
| --- |
| **3.3 Project Description**Refer to *The Code* Section 2.7.4 (vii, viii, ix, xi)This section should provide a **DETAILED DESCRIPTION OF ALL PROCEDURES** conducted on all animals including a clear and accurate Time Line (see 3.3.1). **It is not necessary to include excessive detail about procedures that do not involve the use of live animals.****It is the researchers responsibility to ensure accurate records are kept of all procedures and post-procedure monitoring as per *The Code* Section 2.4.30 – 2.4.34– see guideline for monitoring - AEC G001 (2013)****If utilizing more than one species please separate information within the application form.** |
| **3.3.1 Time Line**  |
| Provide a time line for each part of the study. Ensure the time line has time points of all experimental interventions and includes experimental and control animals. If blood is collected, include volume collected at each time point. |

|  |
| --- |
| **3.4 Monitoring**Refer to *The Code* Section 2.2.16(x) and 3.1.20-3.1.23 and 2.4.31Investigators are responsible for monitoring the welfare of their animals. This responsibility begins when an animal is allocated to the approved project and ends with the specified fate of the animal at the completion of the project.**Unexpected incidents that impact on the welfare of any individual animal or group of animals must be responded to immediately and reported to the AEC. Refer to *The Code* Section 2.1.5 (v)d**All personnel identified in this section of the proposal must be aware of the criteria for monitoring the welfare of the animals and of how records are to be kept. **Appendix 2 VU AEC Animal Monitoring Sheet must be modified as to accommodate the procedures in this project and must accompany this application.****For housed animals, welfare monitoring checklists must be kept with the animal so as to be readily accessible to all nominated personnel and to animal facility staff.** |
| 1. Who will monitor the animals post-procedure, day-to-day?
 |
| Monday to Friday |       |
| After hours (including weekends and holidays)  |       |
|  |  |
| 1. Who is responsible for the management of emergencies?
 |
| Name(s)            | Emergency contact telephone no.       |
| Please indicate the fate of the animals/method of euthanasia of animals in the event of an emergency. Please refer to *SOP 023(2015)* *Emergency Procedure For Unwell Animals*.  |

|  |
| --- |
| **3.5 Fate Of The Animals** |
| 1. What is the maximum period of time that an individual animal or group of animals will be used in this project?

      |
| 1. What is the fate of the animals at the completion of the project?

**[ ]**  Returned to holding facility**[ ]**  Returned to wild**[ ]**  Killed. If killed please specify how this will be performed:

|  |
| --- |
|  |

 |
| c) Is this an **accepted** technique according to *Guidelines To Promote The Wellbeing Of Animals Used For Scientific Purposes*? See also *The Code For The Care And Use Of Animals For Scientific Purposes.* |
| **[ ]** Yes |   |
| **[ ]** No | If no, please explain why it has been selected. |
| d) What will be the method of disposal of dead animals? |
| Biological Waste | **[ ]** Yes **[ ]** No |
| Other | Describe       |

|  |
| --- |
| SECTION 4 - DETAILS OF PERSONNEL INVOLVED IN THE PROJECT |

|  |
| --- |
| Investigators have personal responsibility for the welfare of the animals they use and must act in accordance with all requirements of *The* *Act*, *The* *Regulations*, *The* *Code* and the AEC. This responsibility begins when an animal is allocated to the approved project and ends with the specified fate of the animal at the completion of the project.**Refer to *The* *Code* Section 2.4.1.**Excluding animal technicians undertaking routine husbandry, all personnel working with animals must be a signatories to this application. This includes project, Honours, Master and PhD students and Research Assistants and Animal Technicians undertaking experimental procedures. Once the project has been approved, Chief Investigators are responsible for ensuring that any new students and staff involved in the project are added via a *Request To Add Or Delete Co-Investigators* form.The AEC must be assured that all personnel working on live animals in this project are appropriately experienced, or will be adequately trained and supervised in the techniques described. A declaration must be completed for all persons providing training  |

|  |
| --- |
| **4.1 Chief Investigator**  |
| Name (title, given name, family name) |       |
| Qualifications |       |
| Department/college & campus |       |
| Position |       |
| Mobile number (for emergency use only) |       |
| Internal telephone no. (direct contact number) |       |
| Internal e-mail address |       |
| **INVOLVEMENT IN THE PROJECT** |
| Will you be carrying out techniques/procedures on live animals? | **[ ]** YesIf yes, complete details below. |
| **[ ]** No If no, details of expertise are not required.  |
| For each species and each technique/procedure, indicate competency or complete the arrangements for training section below. **Use a separate line for each procedure.** |
| Species | Technique/procedure Every procedure listed in Section 2.2 must be listed |  |
| Competent  | Not competent  | Trainer(s) |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **4.2 Co-Investigators** |
| Name (title, given name, family name) |       |
| Qualifications |       |
| Department/college & campus |       |
| Position |       |
| Mobile number (for emergency use only) |       |
| Internal telephone No. (direct contact number) |       |
| Internal e-mail address |       |
| **INVOLVEMENT IN THE PROJECT** |
| Will you be carrying out techniques/procedures on live animals? | **[ ]** YesIf yes, complete details below. |
| **[ ]** No If no, details of expertise are not required.  |
| For each species and each technique/procedure, indicate competency or complete the arrangements for training section below. **Use a separate line for each procedure.** |
| Species | Technique/procedure Every procedure listed in Section 2.3 must be listed  |  |
| Competent  | Not competent  | Trainer(s) |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **4.2 Co-Investigators** |
| Name (title, given name, family name) |       |
| Qualifications |       |
| Department/college & campus |       |
| Position |       |
| Mobile number (for emergency use only) |       |
| Internal telephone No. (direct contact number) |       |
| Internal e-mail address |       |
| **INVOLVEMENT IN THE PROJECT** |
| Will you be carrying out techniques/procedures on live animals? | **[ ]** YesIf yes, complete details below. |
| **[ ]** No If no, details of expertise are not required.  |
| For each species and each technique/procedure, indicate competency or complete the arrangements for training section below. **Use a separate line for each procedure.** |
| Species | Technique/procedure Every procedure listed in Section 2.3 must be listed  |  |
| Competent  | Not competent  | Trainer(s) |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| SECTION 5 – CHIEF INVESTIGATOR DECLARATION |

|  |
| --- |
| I hereby declare that:1. I have read Part III of the *Prevention of Cruelty to Animals Act 1986* (the *Act*), the *Regulations* *1997* and the current version of the *Australian Code for the Care and Use of Animals for Scientific Purposes (The Code*), and accept the responsibilities detailed therein.
2. I accept responsibility for the conduct of all experimental procedures detailed in this application, in accordance with requirements of *The* *Act*, *The Regulations*, *The* *Code* andthe Animal Ethics Committee.
3. I have listed each person engaged in this project and consider that they have the qualifications, experience and training appropriate for their role in the project and that they are competent to perform procedures described to the extent of their role. If any person is not already skilled in the procedures, I will ensure that they obtain all necessary training in advance of performing any procedure independently. All personnel have been made aware of their role and responsibilities in this project, and have been given copies of all necessary documentation.
4. I will provide annual and final reports to the AEC by the due date.
5. I understand and agree that research documents, animal records and data may be subject to inspection by the AEC and the Department for auditing and monitoring purposes.
6. The Animal Facility Manager has been made aware of requirements for this application.
7. I understand VU AEC training is compulsory for all investigators prior to commencing working with animals. I have indicated below the date I attended a face to face training session or completed the online assessment. (If you have not undertaken training please contact aeec@vu.edu.au to arrange for access to online training and assessment).
 |
| **Chief Investigator Name:** |  |
| **Chief Investigator Signature:** |  |
| **Date:** |       |
| **VU AEC Training Date:** |       |

|  |
| --- |
| SECTION 6 – ANIMAL FACILITIES operations supervisor DECLARATION |
| The signature of the animal facility manager is required if animals are to be obtained from or housed in the animal facility. |
| I confirm that the required animals can be obtained from and/or housed in the animal facility: |
| **Animal Facilities Operations Supervisor’s Name:** |       |
| **Animal Facilities Operations Supervisor’s Signature:** |  |
| **Date:** |       |

|  |
| --- |
| SECTION 7 – CONFLICT OF INTEREST |
| Is there any affiliation or financial interest for researchers in this research or its outcomes or any circumstances which might represent a perceived, potential or actual conflict of interest?**[ ]** Yes **[ ]** NoIf yes, provide brief details.      |

|  |
| --- |
| SECTION 8 – COLLEGE DIRECTOR OF RESEARCH |
| I acknowledge that it is my responsibility to ensure that staff of the college and those working under their supervision who use animals for scientific purposes comply with the conditions laid down by:1. *The Prevention of Cruelty to Animals Act 1986* and *Regulations 1997*
2. The current version of *The* *Australian Code for the Care and Use of Animals for Scientific Purposes*
3. The Animal Ethics Committee.

I certify that the animals required for this project can be provided, housed and maintained at a standard consistent with the requirements of *The* *Act*, *The Regulations*, *The* *Code* and any other condition laid down by the Animal Ethics Committee and that approval of this project will not compromise the conditions under which other animals in the institution are held. |
| **Name:** |       |
| **Signature:** |  |
| **Date:** |       |

Please Note: Digital signatures are acceptable with the exception of the Chief Investigator which must be an original signature. The onus is on the Chief Investigator to ensure that all Co-Investigators have read the application or revised application.

Appendix 1

|  |
| --- |
| Genetic Modification or Cloning of Animals Report |
| *This report must be completed for all projects involving the use or production of genetically modified animals.* |
| **A. Animal Details** (*A separate report is required for each strain)* |
| **Species**(and common name) | **Strain Name** | **Background Strain** |
|  |  |  |
| 1. **Genotype** *(If applicable for cloned animals)*
 |
| 1. Describe the function/s of the gene/s that have been/will be modified?
 |
| 1. Explain the relevance of the genetic modification to the project.
 |
| 1. Will tissue be collected to use for genotyping?
 |
| **[ ]** No |  |
| **[ ]** Yes | If yes, describe how and when. |
| 1. What will be the fate of animals that are not of the appropriate genotype?
 |
| 1. **Phenotype**
 |
| 1. Is the phenotype of this strain well-characterised?
 |
| **[ ]** No | If no, briefly describe the *potential* or *anticipated* behavioural, physiological, reproductive and developmental features of the strain and identify whether the modification/s will affect the health, welfare, breeding or lifespan of the animals. |
| **[ ]** Yes | If yes, briefly describe the *known* behavioural, physiological, reproductive and developmental features of the strain and identify whether the modification/s will affect the health, welfare, breeding or lifespan of the animals. |
| 1. Does the strain require any special husbandry?
 |
| **[ ]** No |  |
| **[ ]** Yes | If yes, describe the particular requirements for care. |
| 1. **Breeding**
 |
| Describe the breeding program (e.g. heterozygous, homozygous, back-crossing) that will be used to produce the genetically modified or cloned animals to be used in the project. Provide estimates of the number of animals that will be used in the breeding program.      **NOTE: Records of the number of animals used as part of the breeding program (including animals killed because of inappropriate genotype)** **must be maintained and provided to the AEC on request**. |

### **Appendix 2**

|  |
| --- |
| AEC (2016) Animal Monitoring Sheet |

|  |  |
| --- | --- |
| AEC Project Number: | Investigator Name and Phone Contact (BH and AH): |
| Animal – ID Number: | Species/Strain |
| Animal details (sex/age etc) | Comments: |

Each animal is examined and observed for abnormalities at each time point (weekly or daily as appropriate) Observations are recorded in the table

Normal clinical signs are recorded as “N”

Abnormalities are recorded as “A” and severity is scored in brackets e.g. Breathing: A (3) (see over page) Comments concerning abnormalities are recorded in the comments section of the table

Additional observations tailored to the monitoring requirements for each animal experiment are to be added at “Other” (e.g. surgical wounds, suture appearance, tumour size and appearance)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CLINICAL OBSERVATION****(N or A)** |  |  |  | **DATE** |  |  |  |
|  | **UNDISTURBED** |  |  |  |  |  |  |  |
|  | Coat |  |  |  |  |  |  |  |
|  | Activity |  |  |  |  |  |  |  |
|  | Breathing |  |  |  |  |  |  |  |
|  | Movement/gait/trembling |  |  |  |  |  |  |  |
|  | Eating |  |  |  |  |  |  |  |
|  | Drinking |  |  |  |  |  |  |  |
|  | Alert/sleeping |  |  |  |  |  |  |  |
|  | **ON HANDLING** |  |  |  |  |  |  |  |
|  | Alert |  |  |  |  |  |  |  |
|  | Body condition |  |  |  |  |  |  |  |
|  | Bodyweight (g) |  |  |  |  |  |  |  |
|  | Hydration |  |  |  |  |  |  |  |
|  | Eyes |  |  |  |  |  |  |  |
|  | Faeces |  |  |  |  |  |  |  |
|  | Nose |  |  |  |  |  |  |  |
|  | Breathing |  |  |  |  |  |  |  |
|  | Urine |  |  |  |  |  |  |  |
|  | Vocalisation |  |  |  |  |  |  |  |
|  | **OTHER** (specify) |  |  |  |  |  |  |  |
|  | **COMMENTS** |  |  |  |  |  |  |  |
|  | **INITIALS:** |  |  |  |  |  |  |  |

ACTIONS:

Accumulated Scores

0-No action required

1-3 Inform AF staff/AWO and place on clinical monitoring form

4-7 Inform AF staff/AWO and place on clinical monitoring form-may require analgesia or euthanasia

7-10 Inform AF staff/AWO, intervention with analgesia, fluids or humane euthanasia

10+ Inform AF staff/AWO –humane euthanasia immediately

Signature of (Chief) Investigator Date

|  |
| --- |
| **CLINICAL SIGNS SEVERITY SCORE** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNS** | **0** | **1** | **2** | **3** |
| **Activity** | normal | isolated, abnormal posture | huddled/inactive OR overactive | moribund OR fitting |
| **Alertness/ sleeping** | normal | dull or depressed | little response to handling | unconscious |
| **Body condition\*** | normal | thin | loss of body fat, failure to grow | loss of muscle mass |
| **Body weight\*** | normal weight and growth rate | reduced growth rate | chronic weight loss>15% OR failure to grow | acute weight loss>10% chronic weight loss 20% OR failure to grow & weight loss |
| **Breathing** | normal | rapid, shallow | rapid, abdominal breathing | laboured, irregular, skin blue |
| **Coat** | normal | coat rough | Unkempt, wounds, hair thinning | bleeding or infected wounds, or severe hair loss or self-mutilation |
| **Dehydration** | none | skin less elastic | skin tenting | skin tenting & eyes sunken |
| **Drinking** | normal | increased OR decreased intake over 24 hours | increased OR decreased intake over 48 hours | constantly drinking OR not drinking over 24 hours |
| **Eating** | normal | increased OR decreased intake over 24 hours | increased OR decreased intake over 48 hours | obese OR in appetence over 48 hours |
| **Eyes** | normal | wetness or dullness | discharge | eyelids matted |
| **Faeces** | normal | faeces moist | loose, soiled perineum OR abnormally dry +/- mucus | running out on handling OR no faeces for 48 hours OR frank blood on faeces |
| **Movement/ gait** | normal | slight incoordination OR abnormal gait | Un-coordinated OR walking on tiptoe OR reluctance to move | staggering OR limb dragging OR paralysis |
| **Nose** | normal | wetness | discharge | coagulated |
| **Urine** | normal |  | abnormal colour/volume | no urine 24 hours OR incontinent, soiled perineum |
| **Vocalisation** | normal | squeaks when palpated | struggles and squeaks loudly when handled/palpated | abnormal vocalisation |
| **Other** |  |  |  |  |

\* these criteria’s may not apply in some situations (e.g. tumor growth, obesity/metabolic studies)-but should be adapted for these situations

SPECIAL HUSBANDRY REQUIREMENTS\*\*

|  |
| --- |
| **EUTHANASIA/HUMANE EXPERIMENTAL ENDPOINT CRITERIA\*\* If different from above criterion** |

|  |  |
| --- | --- |
| **CLINICAL SIGN** | **ACTION** |
|  |  |
|  |  |

\*\* as approved by the AEC, relevant to each specific situation

**SCIENTIFIC MEASURES (I.E. DATA OR TISSUES TO BE COLLECTED AS PART OF THE EXPERIMENTAL USE)** (e.g. animals that are killed should be weighed and have their bodies placed in labelled bags and refrigerated)

*Reference: Morton, D.B. (1997) A scheme for the recognition and assessment of adverse effects in animals. In: Developments in animal and veterinary sciences, 27. Animal Alternatives, Welfare and Ethics. pp 235-240. Eds van Zutphen,L.F.M.and Balls, M. Elsevier Science*

*DPI Vic Guidelines to Promote the Wellbeing of Animals used for scientific purposes*

|  |
| --- |
| **WELFARE ASSESSMENT SCORE AND JUDGEMENT SHEET** |

This is a general assessment for all animals, which may be altered for each individual animal or research project.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Animal ID:** | **D.O.B:** |  |  |  |  |  |  |  |
|  | **AEC Project No:** | **Date of Procedure:** | **-2** | **-1** | **0** | **1AM/PM** | **2** | **3** |  |
| Appearance/colour | Normal | 0 |  |  |  |  |  |  |
| Ruffed | 1 |  |  |  |  |  |  |
| Hunched/trembling | 2 |  |  |  |  |  |  |
| Listless | 3 |  |  |  |  |  |  |
| Surface temperature and mucous membrane colour | Congested | 2 |  |  |  |  |  |  |
| Pale pink | 2 |  |  |  |  |  |  |
| Normal/warm | 0 |  |  |  |  |  |  |
| Natural activity | Eating | 0 |  |  |  |  |  |  |
| Drinking | 0 |  |  |  |  |  |  |
| Observant | 0 |  |  |  |  |  |  |
| Active | 0 |  |  |  |  |  |  |
| Reflexes/respond to touch/pain | Still | 3 |  |  |  |  |  |  |
| Normal withdrawal | 0 |  |  |  |  |  |  |
| Aggressive | 3 |  |  |  |  |  |  |
| Vocal | 2 |  |  |  |  |  |  |
| Wound healing | Normal | 0 |  |  |  |  |  |  |
| Discharge | 1 |  |  |  |  |  |  |
| Discharge ++ | 2 |  |  |  |  |  |  |
| Open Wound | 3 |  |  |  |  |  |  |
|  |  | 0 |  |  |  |  |  |  |
|  | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |
| **SCORE** |  |  |  |  |  |  |  |
| **Post procedure/surgery requirements****(tick if provided)** | **Pain Relief** |  |  |  |  |  |  |  |
| Antibiotics |  |  |  |  |  |  |  |
| Fluids |  |  |  |  |  |  |  |
|  | Hand feeding |  |  |  |  |  |  |  |
|  | Mushy Food |  |  |  |  |  |  |  |

### Judgement on Cumulative Score:

### Monitor as normal, no action required

### 1-4-Place on clinical monitoring and inform AF staff/AWO and instigate intervention, possible humane euthanasia

### 4-7-Inform AF staff/AWO, immediate intervention including humane euthanasia if required

### 7+- Inform AF staff/AWO and immediate humane euthanasia

**Comments:**

**Action (if any) required:**

## Signature of (Chief) Investigator Date

##

|  |
| --- |
| **MONITORING SHEET FOR ANIMALS AFTER SURGERY OR INVASIVE PROCEDURES** |

This is a general assessment for all animals, which may be altered for each individual animal or research project.

|  |  |
| --- | --- |
| AEC Project Number: | Investigator Name and Contact: |
| Animal - Number: | Start Date & Surgery/Procedure Date: |
| Procedure: | Comments: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OBSERVATIONS (Day in relation to surgery)** | -3 | -2 | -1 | 0 | 1AM PM | 2AM PM | 3AM PM |
| DAY / DATE / TIME |  |  |  |  |  |  |  |
| Eating |  |  |  |  |  |  |  |
| Drinking |  |  |  |  |  |  |  |
| Normal Walking |  |  |  |  |  |  |  |
| Vocalisation |  |  |  |  |  |  |  |
| Grooming |  |  |  |  |  |  |  |
| Staggering |  |  |  |  |  |  |  |
| Shivering/trembling/twitching |  |  |  |  |  |  |  |
| Hunched up appearance |  |  |  |  |  |  |  |
| Discharge from the surgical site |  |  |  |  |  |  |  |

|  |
| --- |
|  |

These daily observations should start 3 days before surgery.

On the day of surgery/procedure and for 2 days after surgery/procedure, observations should be made each morning and

afternoon. From day 2 post-surgery/procedure observations should then revert to a daily basis.

***Please Note:***

1. Analgesia should be administered for the first 12 and/or 24 hours and thereafter as determined by daily
2. observation, any evidence of pain and speed of return to normal behavior.
3. If any abnormal behavior is observed or if there is discharge from the wound, please contact your Animal

Welfare Officer or your Animal Facilities manager or Animal technician

1. This sheet should be used in conjunction with scoring sheets to ensure animal welfare